

 Nevada Center for Ethics & Health Policy  
University of Nevada, Reno • Mailstop 539 • Reno NV 89557-0250  
(775) 327-2309 • Fax: (775) 327-2203 • www.HealthEthics.org

**SEE INSIDE**

**EMERGENCY  
MEDICAL NOTICE:  
Advance Directive on file**

**EMERGENCY MEDICAL NOTICE:  
Advance Directive on file**

I (*name*) \_\_\_\_\_  
have executed a DURABLE POWER OF ATTORNEY FOR HEALTH CARE pursuant to Nevada Civil Code NRS 449.830-449.860. If I am unable to make my own health care decisions, my designated agent has the legal authority to make those decisions on my behalf, including decisions concerning life-sustaining treatment. In such an event, one of the persons listed on the reverse of this card who has a copy of my Durable Power of Attorney should be contacted immediately in the order listed.

**SEE INSIDE**

**EMERGENCY MEDICAL NOTICE:  
Advance Directive on file**

Please check with these agents  
for a copy of my Advance Directive:

1. PRIMARY AGENT NAME \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

2. 1st ALTERNATE AGENT NAME \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

2. 2nd ALTERNATE AGENT NAME \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_